

**CITY OF COUNCIL BLUFFS
URBAN DEER MANAGEMENT PERMIT APPLICATION**

Special Use Permit for Limited Bow Hunting for:

September 10, 2011 - January 30, 2012

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip: _____

Email address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Iowa Hunting License Number: _____

Iowa Habitat Stamp: _____

AUTHORIZED TRAINING COURSE

Proof of successful completion of an authorized Council Bluffs Urban Deer Management Program bow hunting training course must be submitted at the time of application.

Name of course: _____ Location: _____

Name of instructor: _____ Date completed: _____

PROFICIENCY CERTIFICATION

Proof of successful completion of an authorized City of Council Bluffs Urban Deer Program bow hunting proficiency certification must be submitted at the time of application. Test will require 5 shots at 20 yards with all 5 shots within a 6" diameter vital target area.

Name of course: C.B. Proficiency Test Location: Recycling Center
4441 Gifford Rd.

Name of tester: Donn Dierks Date completed: _____

CIRCLE THE APPROPRIATE RESPONSE. A "yes" response to either question requires a detailed written explanation at the time of application.

Have you ever been charged, arrested or convicted of an Iowa Fish and Game Violation? Yes No

Have you ever been charged, arrested or convicted of a felony? Yes No
written explanation at the time of application.

I agree to attend a safety/orientation meeting approved by the City of Council Bluffs.

I agree to abide by all of the rules, procedures and ethics established for the Council Bluffs Deer Management Zone.

I understand that all bow hunting activities must be conducted from an elevated position and all shots must be in a downward trajectory.

I understand that a Deer Report Card must be submitted for any and all deer licenses obtained and used within the city limits.

I understand that a Urban Deer Management Permit must be carried while participating in any hunt activity within the city limits.

I authorize the Council Bluffs Police Department to investigate and verify the information submitted on this form.

I, the undersigned, do hereby swear that the above information is true, complete and accurate, and I agree to hold the Iowa Department of Natural Resources and the City of Council Bluffs; and its agents or employees, harmless from any and all activities associated with this deer management program.

SIGNATURE OF APPLICANT

DATE

APPLICATION APPROVAL

Council Bluffs Urban Deer Management Program Permit issued:

Council Bluffs Urban Deer Management Program Authorizing Individual:

Donn Dierks

Director of Public Health

Print Name

Title

Donn Dierks

Signature

Date

